

**New Hampshire Department of Education
Private School Participation in Title III
For 2014-15**

Name of Title III District _____

Title III Project Manager (signature) _____

Name of Private School _____

Private School Official (signature) _____

Screening date(s) _____

Number of students identified as LEP, based on screening results _____ *

Initials _____ **Grade** _____

Initials _____ **Grade** _____

Initials _____ **Grade** _____

Date of consultation with private school official _____

Equitable Title III services to be provided in 2014-15:

Based on the number of students identified as LEP, your district will receive additional funds through the Title III allocation process.

*If the district provided services last year, you will need to re-screen students from the prior year to determine that the students are still eligible.

**Reference: TITLE IX, PART E UNIFORM PROVISIONS SUBPART 1—
PRIVATE SCHOOLS -*Equitable Services to Eligible Private School Students,
Teachers, and Other Educational Personnel Non-Regulatory Guidance***
[http://www.education.nh.gov/instruction/integrated/documents/educ_esl_equitable_s
ervices_guidance.pdf](http://www.education.nh.gov/instruction/integrated/documents/educ_esl_equitable_services_guidance.pdf)